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Combined Declaration and Power of Attorney form for  
Patent Application Claiming Foreign Application Priority (3422102)COMBINED DECLARATION & POWER OF  
ATTORNEY FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63)Declaration  
Submitted  
with Initial  
FilingDeclaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

68004167.1001

First Named Inventor

R. Bals

COMPLETE IF KNOWN

Application Number

10/787,497

Filing Date

02/26/2004

An Unit

Not yet assigned

Examiner Name

Not yet assigned

As the below named inventor, I hereby declare that:  
My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Modulating Angiogenesis Using LL-37/HCAP-18

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

02/26/2004

as United States Application Number or PCT International

Application Number

10/787,497

as amended by the amendment dated

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by  
any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part  
applications, material information which became available between the filing date of the prior application and the national or PCT  
international filing date of the continuation-in-part application.

## POWER OF ATTORNEY

I hereby appoint Practitioners at Customer Number 23562, BAKER & MCKENZIE, as my/our attorney(s) or agent(s) to prosecute the  
application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. I also  
hereby authorize said practitioners to insert the filing date and/or application number, above, when known.

## FOREIGN APPLICATION PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant  
breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United  
States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor or plant  
breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is  
claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
1358888	EP	02/27/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/029 attached hereto:

[Page 1 of 2]

Combined Declaration and Power of Attorney form for

Petent Application Claiming Foreign Application Priority (2/2002)

**DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application**

Direct all correspondence to:

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or Bar Code Label**2 3 5 6 2**OR ☐

Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

**214/978-3000**

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**214/978-3099**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any))**Robert**Family Name  
or Surname**Bals**Inventor's  
Signature*Robert Bals*

Date

**Marburg**

Residence: City

**Hessen**

State

**Germany**

Country

**German**

Citizenship

**Zum neuen Hieb 41**

Mailing Address

City

**Marburg**

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ZIP

**35043**

Country

**Germany****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any))**Andreas Rembert**Family Name  
or Surname**Koczulla**Inventor's  
Signature*Andreas Rembert Koczulla*

Date

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Residence: City

**Hessen**

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**Hessen**

State

**35043**

ZIP

**Germany**

Country



Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

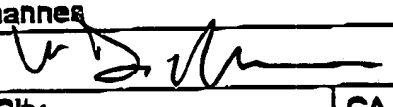
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PTO/5B/02A (11-00)  
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Georg Johannes		Degenfeld-Schonburg	
Inventor's Signature 		Date	
Residence: City	State	Country	Citizenship
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2060 Hull Avenue			
Mailing Address			
Mailing Address			
Redwood City	CA	94061	US
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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